

REPORT OF RECEIPTS AND EXPENDITURES-OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4) **Summary Sheet**

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse/side.

▼ No IS THIS AN AMENDMENT? Yes

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1. Full Name of Committee (as on Statement of Organization)		THE PERSON NAMED IN COLUMN		MATERIAL PROPERTY OF THE PARTY	
Committee Telephone Number Council	COMMITTEE INFORMATION		到是否的根据		
2. Acronym or Abbreviated Name (if any) 4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address SCS SCUTK CAL'S SCRDIN ST 5. City, State, ZIP Cyde CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) 8. Party Affiliation or If Independent Candidate NICK DEPLACE 10. County of Residence HAMILIAN CONVENTION CANDIDATES ONLY 11. Check one: Pre-Election Annual Nomination Other Freal/Disbands Committee (lines 18: 18: and 20 must be '0') Outgoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting Period: 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments at main and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns SUBTOTAL 3 79. 48	Full Name of Committee (as on Statement of Organization) Check if this is a new n	name	2.11	Segant	
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CERTIFICATION

Signature on File





REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
"Rick KERCHEVAL 805 S CALIFORNIA ST ShERI DAN IND 46069	Contributions: Direct In-Kind (describe)	379 18	- 4	3-13-01
CONTRACTOR	Other Receipts: Interest Loan Misc. (specify)	298.65	298.65	RICK KERLLENGE
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
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TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$ 298.65		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Enter Text of Public Question	PUBLIC QUESTIC	N INFORMATION			
	Local				
Position: Supported Oppose	66. 为我们这种开放特别的	TYPE OF EXPENDITURE	COLUMNA	COLUMN B	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
1765 S. 175 W	2,85	Direct In-Kind Payment of Debt	,		39017348
P.O BOX 128 Mileoy, ID 46156-0128		Returned Contribution Other Purpose:	379.48	379,48	3-13-07
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